

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9	1		1			
10		1		1		
11		1		1		
12	1		1			
13		1		1		
14		2		1		
15		2		1		
16		2		1		
17		1		1		
18		1		1		
19		1		1		
20		1		1		
21		1		1		
22	1		1			
23		1		1		
24		1		1		
25		2		1		
26	1			1		
27		1		1		
28	1		1			
29		1		1		
30		1		1		
31		1		1		
32	1		1			
33		1		1		
34		2		1		
35		1		1		
36	1		1			
37		1		1		
38		1		1		
39	1					
40		1				
41	1					
42	1		1			
43	1		1			
44	1		1			
45						
46						
47						
48						
49						
50						
TOTAL IND.			10			
TOTAL DEP.			31			
TOTAL CLAIMS			41			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						